

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AMENDMENT ADDED/DELETED		AMENDMENT ADDED/DELETED			
	DID	DEP	DID	DEP	DID	DEP	DID	DEP
1								
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50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								